

Version 4.1

Utah State Dept. of Health
Division of Health Care Financing
Effective Date: October 1, 2014

837 DENTAL COMPANION GUIDE

Utah Specific Transaction Instructions ENCOUNTER RECORD

837 Health Care Claim: Dental
ASCX12N 837 (005010X224)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837D Version 4010 implementation guide has been established as the standard of compliance. Utah Medicaid will implement the Addenda corrections for the Health Care Claims: Dental (005010X224). The implementation guide is available electronically at www.wpc-edi.com. The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide. For clarification regarding submission of encounter records, refer to the encounter provider manual. Further billing instructions and policy are published in the Utah Medicaid Provider Manual.

Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at www.UHIN.com.
2. A Utah Medicaid EDI Enrollment form must be completed and on file prior to the submission of claims. The form is at http://health.utah.gov/hipaa/medicaid_pcn.htm. Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.
3. 837 claims may be sent anytime 24 hours a day, 7 days a week. Transactions sent after noon on Friday will not be included in the following week remittance.
4. Utah Medicaid recommends submitting 18 or fewer service lines for each Dental claim. Claims submitted with more than 18 service lines will be split and may be subject to processing delays.
5. An 837 transaction will be rejected if the monetary amounts do not balance.

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6. A 997 Functional Acknowledgment will be created for all 837 transactions.
7. A 277 Health Care Claim Status Notification - Front End Acknowledgment will be created for all 837 transactions.
8. All references to Medicaid are used for simplicity, but other programs supported by Health Care Financing (HCF) are also included, e.g., Non-Traditional Medicaid, Primary Care Network, IHC Access, Baby Your Baby, etc.

Page	Data Element	Values / Comments
67	Claim or Encounter Identifier	"RP"
70	Submitter Identifier	Trading partner number
75	Receiver Name	"Utah Medicaid MCO"
75	Receiver Primary Identifier	"HT000004-002"
83	Entity Identifier	85 – Billing Provider
83	Entity Type Qualifier	1- Person 2- Non Person
83	Billing Prov Last Name	This would be the info of the provider rendering service.
83	Billing Prov First Name	
84	Billing Prov Middle Name	
84	ID Code Qualifier	XX - NPI
84	ID Code	NPI Number Only
106	Reference Identification Qualifier	"2U"

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84	Billing Provider Additional Identifier	Use the 12 digit identifier assigned by Utah Medicaid.
110	Hierarchical Child Code	"0" - Subscriber is always the patient; there are no dependents in Utah Medicaid.
115	Entity Type Qualifier	"1"
115	Subscriber Last Name	
115	Subscriber First Name	
115	Subscriber Middle Name	
116	Identification Code Qualifier	"MI"
116	Subscriber Primary Identifier	Use the 10 digit identifier assigned by Utah Medicaid. Do not submit hyphens or spaces.
120	Subscriber Birth Date	
121	Subscriber Gender Code	Valid codes are F, M
125	Payer Identifier ID	State assigned Payer ID
146	Patient Control Number	This number needs to be unique even if a replacement is being done
147	Total Claim Charge Amount	Usual and customary amount charged by provider for service.
147	Claim Submission Reason Code	1 – Original 7 – Replacement 8 – Void

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148	Release of info from client	
164	Amount Qualifier Code	Use F5 to indicate Patient Amount Paid. This is where the co-pay will be put.
164	Monetary Amount	
168	Claim Original Reference Number	When codes "7" or "8" are submitted in 2300 CLM05-3, the Transaction Control Number (TCN) assigned to the original claim must be reported.
179	Claim Note	Use 'Add' for all reasons
179	Claim Note Information (for entire claim)	Claim Entry Date (date claim entered MCO system) -- Start with 'E' and enter date in format CCYYMMDD Claim Paid/Adjudicated Date – Start with 'A' and enter date in format CCYYMMDD Payment Amount – Start with 'P' and enter the MCO paid amount. Use explicit decimal. Denial Reason – Start with 'D' and enter denial reason
281	Line Counter	Utah Medicaid recommends submitting 18 or fewer service lines for each Dental claim. Claims submitted with more than 18 service lines will be split and may be subject to processing delays.
282	Procedure Code	
283	Procedure Modifier	

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Page	Data Element	Values / Comments
284	Oral Cavity Designation	Report quadrant and arch associated with procedure requiring data.
286	Procedure Count	Report number of times procedure is performed. Multiple units (quantity) are limited to x-ray procedure codes.
288	Tooth Number	Report tooth number associated with procedure requiring data.
289	Tooth Surface	Report tooth surface associated with procedure requiring data.
417	Zero Pricing Indicator	Use 00 When the line has been denied by the plan and should not be used for duplicate checking.
417	Zero Pricing Indicator Amount	Put in 0, ONLY when there is 00 in HCP01. If the line should be used then put no data in HCP01 and HCP02.
303	Line Item Control Number	It is recommended that providers submit a unique line item control number for each line submitted.

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Dental Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC-EDI Status Description
A2	1	1E	N	Encounter Passed all Edits	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A6	26	1E	Y	Recipient ID missing from encounter	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	26	1E	Y	Recipient ID not on file	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	35	1E	N	No match found on history for replacement	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	35	1E	Y	No match found on history for void	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	35	1E	Y	Original TCN being voided Was Rejected	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	35	1E	Y	Previous TCN not present for void code	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	54	1E	Y	Duplicate encounter.	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A2	86	1E	N	Diagnosis to sex mismatch	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A3	88	1E	Y	Recipient ineligible during service period	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	97	1E	Y	Recipient enrolled with another plan during service Period	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	97	1E	Y	Recipient enrollment not reflected on system	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	122	1E	Y	Invalid claim frequency code	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	122	1E	Y	Missing claim frequency code	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	122	1E	Y	Original TCN was rejected	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A6	122	1E	Y	Replacement/void code not present for previous TCN	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	122	1E	Y	TCN has already been replaced	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.

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A3	122	1E	Y	TCN has already been voided	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	125	1E	Y	Recipient name does not match file name	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	125	1E	Y	Recipient name missing	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	126	1E	N	Zip code is missing/invalid	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	153	1E	N	Invalid/Missing State Assigned Medicaid ID	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A6	153	1E	Y	Rendering Provider ID Missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	158	1E	Y	Recipient DOB Month and year does not match file month and year	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	158	1E	Y	Recipient DOB missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	178	1E	Y	Charges missing/invalid	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	178	1E	Y	Total charge missing/invalid	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	183	1E	Y	Plan Paid Amount missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	187	1E	Y	From date after submit date	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A6	187	1E	Y	From date of service missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A2	188	1E	N	Encounter is greater than 12 months From End Date Of Service.	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	188	1E	N	From-through service dates cannot span more than one month	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	188	1E	Y	Service through date after submit date	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	188	1E	Y	Service through date prior to service from date	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as

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Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC-EDI Status Description
					specified in the Status details and has been rejected.
A7	240	1E	Y	Tooth surface invalid	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	240	1E	N	Tooth surface missing	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	244	1E	Y	Tooth number invalid (must be a number 1 to 32 OR Letter between A to T)	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	244	1E	Y	Tooth number missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	245	1E	Y	Invalid/Missing Quadrant Arch	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A3	247	1E	Y	Must contain at least one service line not plan denied.	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	454	1E	Y	Procedure code invalid	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A1	463	1E	Y	MCO Paid Amount equal TPL Amount	Acknowledgment/ Rejected for Invalid Information - Rejected due to MCO Paid Amount and TPL Paid Amount are the same.
A2	476	1E	N	Max units exceeded	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	478	1E	N	Patient account number is missing	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	480	1E	Y	Payer ID invalid	Acknowledgement /Rejected for Invalid Information The Payer ID submitted in loop 2010BB is missing or invalid – MCO's State Assigned Medicaid ID is required

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A2	1	1E	N	Encounter Passed all Edits	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A6	26	1E	Y	Recipient ID missing from encounter	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	26	1E	Y	Recipient ID not on file	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	35	1E	N	No match found on history for replacement	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	35	1E	Y	No match found on history for void	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
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A2	478	1E	N	Patient account number is missing	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	480	1E	Y	Payer ID invalid	Acknowledgement /Rejected for Invalid Information The Payer ID submitted in loop 2010BB is missing or invalid – MCO's State Assigned Medicaid ID is required